

Brunswick County Parks & Recreation Volunteer Application

Thank you for your interest in volunteering!

(AREA IN WHICH YOU LIVE & WANT TO VOLUNTEER)

Leland/Northwest ☐ Town Creek ☐ Southport/Oak Island ☐

Lockwood Folly ☐ Shallotte ☐ Waccamaw ☐

(POSITION FOR WHICH YOU WOULD PREFER TO BE ASSIGNED IF SELECTED)

Applying for: Head Coach ☐ Assistant ☐ Official ☐ Other ☐

(ALL APPLICANTS ARE SUBJECT TO A BACKGROUND CHECK)

Position you are applying for:

Baseball ☐ Basketball ☐ Camp Counselor ☐ Cheerleading ☐ Football ☐ Softball ☐
Special Olympics ☐ Tennis ☐ Volleyball ☐ Official/Umpire ☐
Other ☐ (Please Specify) _____

Personal / Contact Information:

Legal Name: _____ Age: _____
Last First Middle

Address: _____
Street City Zip

Home Phone :(910) _____ Cell Phone :(910) _____

Fax :(910) _____ Work Phone :(910) _____ Alt. (910) _____

Email Address: _____

Position Experience:

Have you previously been a volunteer? Yes ☐ No ☐
If yes: When? _____ Where? _____ What? _____

Do you have any certifications? Yes ☐ No ☐
If yes: What? _____

Coaching Experience:

Have you previously been a coach? Yes ☐ No ☐

If yes: When? _____

Where? _____

Sport(s)? _____

Sports you have played:

Baseball ☐ Basketball ☐ Cheerleading ☐ Football ☐ Softball ☐ Tennis ☐ Volleyball ☐ Other ☐
(Please Specify) _____

What level of competition? (Please put sport(s) played in appropriate location below)

Recreation: _____

Scholastic: _____

Collegiate: _____

Professional: _____

What is your coaching philosophy? (Number the following by importance)

Having fun ☐ Teaching team work ☐ Discipline ☐ Winning ☐

Are you currently an NYSCA certified coach? Yes ☐ No ☐

Would you be willing to be certified? Yes ☐ No ☐

Do you have first aide training? Yes ☐ No ☐

Do you have CPR training? Yes ☐ No ☐

Are you willing to enforce & promote the Brunswick County Parks & Recreation Code of Ethics for volunteers? Yes ☐ No ☐ (Below)

As a volunteer I agree to:

- Treat each participant, opposing coach, official, parent and league administrator with respect and dignity.
- Do my best to learn the fundamental skills, teaching and evaluation techniques and strategies of my sport.
- Become thoroughly familiar with the rules of my sport.
- Become familiar with the objectives of the sport with which I am affiliated. I will strive to achieve these objectives and communicate them to my participants, their parents and friends.
- Uphold the authority of officials who are assigned to the contests in which I coach and I will assist them in every way to conduct fair and impartial competitive contests.
- Learn the strengths and weaknesses of my participants so that I might place them into situations where they have a maximum opportunity to achieve success.
- Conduct my program so that all participants have an opportunity to safely improve their skill level through active participation.
- Communicate to my participants and their parents the rights and responsibilities of the individuals.
- Cooperate with the administrators of our organization in the enforcement of rules, regulations and program philosophy, and I will report any irregularities that violate sound competitive or ethical practices or situations which may be deemed questionable or not in the best interest of the participants.
- Protect the health and safety of my players by insisting that all of the activities under my control are conducted for their psychological and physiological welfare, rather than for the vicarious interests of adults. I will report all injuries to parents and administrators as required.
- Have two adults present at all times.
- Return all equipment provided at the end of the season and to report any defective equipment immediately

Coaches Agreement:

I agree that if I am selected to coach a team: (Please Initial)

I will attend all coaches meetings or send a representative. _____

I will read, understand and abide by all league rules. _____

I will be responsible for the pick up, and the return of all equipment. _____

I will be responsible for my team and coach's conduct during practices and games. _____

I will be responsible for my teams' parental conduct during games. _____

I will set a good example for the players, parents, fans and the league. _____

Release:

I hereby release and agree to indemnify and hold harmless Brunswick County, the Parks and Recreation and any official, employee or volunteer of Brunswick County against any and all claims resulting from participation in this program, with my knowledge that by participating in this activity, I assume any risk of injury. I hereby give permission to Brunswick County to use and display any photographs taken of myself, which may be forwarded to newspapers and other publications in which the photograph would be associated with Brunswick County. I also give permission to receive any necessary medical treatment for injury or sickness, outpatient care and/or in-hospital treatment.

Applicants Signature _____ Date _____

Consumer Reports Release

In connection with my application for: a) employment (including contract for services), or b) volunteer position, I understand that consumer or investigative consumer reports which may contain public record information, may be requested or made on me including consumer credit, criminal records, driving record, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further I understand that you will be requesting information from various Federal, State and Local agencies regarding my past activities. I also understand that the information below regarding sex, race and date of birth is requested for the sole purpose of gathering the above information correctly, and will not be used to discriminate against me in violation of any law.

I hereby authorize without reservation, any party or agency contacted to furnish the above-mentioned information.

I understand I have the right to make a request of the Consumer Reporting Agency, upon proper identification and the payment of any authorized fees, the information in its files on me at the time of my request. I further authorize ongoing procurement of the above-mentioned reports at any time during my employment (or contract).

FOR IDENTIFICATION PURPOSES: PLEASE PRINT ALL INFORMATION CLEARLY

(Name)

Last: _____ First: _____ Middle: _____

Other Names: Maiden, Aliases, etc. _____

Date of Birth: Month: _____ Day: _____ Year: _____ Race: _____

Gender: M / F Social Security #: _____ - _____ - _____

Drivers License #: _____ State: _____

LIST ALL ADDRESSES FOR THE PAST SEVEN (7) YEARS STARTING WITH THE MOST CURRENT:

	Street	City	State	Zip	Dates (MM/YEAR)
1.	_____	_____	_____	_____	From: ____ To: ____
2.	_____	_____	_____	_____	From: ____ To: ____
3.	_____	_____	_____	_____	From: ____ To: ____
4.	_____	_____	_____	_____	From: ____ To: ____
5.	_____	_____	_____	_____	From: ____ To: ____

Signature _____ Date: _____